Significant factors in the interaction between nurse and patient in the first meeting

- A Minor Field Study at a clinic in South Africa

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Summary

**Aim:** To describe factors of significance for a good interaction between nurse and patient in their first meeting at a clinic in South Africa.

**Method:** This study was conducted as an empirical participant observation study with a qualitative design. The analysis was made with a qualitative inductive content analysis.

**Findings:** The observations were analyzed into three main categories, Relationship, Communication and Healthcare environment with associated subcategories. Subcategories that are related to Relationship are presented as Approach and Consultation. Subcategories related to Communication are presented as Verbal communication and Nonverbal communication. Healthcare environment refers to where and how the interaction of the meeting took place but also contributor factors like Integrity.

**Conclusion:** In order to get a good interaction between nurse and patient in the first meeting it is required that the nurse is engaged, is an active listener and puts the patient in her/his center of attention. A contributing factor that made the interaction between nurse and patient difficult to become good was disturbing factors like to many patients at same time in the same room. Knowledge about these factors can help nurses to improve their interaction with patients and lead to a satisfied care for the patient.

**Keyword:** Nurses, communication, interaction, relation, health environment.
Betydande faktorer för en interaktion mellan sjuksköterska och patient i första mötet

- En fältstudie på en klinik i Sydafrika

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Sammanfattning

Syfte: Att beskriva faktorer som har betydelse för en god interaktion mellan sjuksköterska och patient i deras första möte på en klinik i Sydafrika.


Slutsats: För att få en bra interaktion i första mötet krävs det att sjuksköterskan är engagerad, lyssnar aktivt och sätter patienten i fokus. En bidragande faktor som gjorde det svårt för interaktionen mellan sjuksköterska och patient att bli bra var störande faktorer så som många patienter på samma gång i samma behandlingsrum. Kunskap om dessa faktorer kan hjälpa sjuksköterskor att förbättra deras interaktion med patienter och leda till en tillfredsställande vård för patienten.

Nyckelord: Sjuksköterskor, kommunikation, interaktion, relation, vårdmiljö.
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Introduction

Interaction between nurse and patient is essential and a central part of nursing. But interaction can be interpreted differently depending on social, historical and cultural factors (Våga, Moland, Evjen-Olsen, Leshabari & Blystad, 2012). Relationship and communication are factors that are preconditions for interaction, and these factors can also differ in different cultures. It is by uttermost importance to be wary and understanding of the context and culture in which the interaction and communication takes place (Meeuwesen, Van den Brink-Muinen & Hofstede, 2009).

So how can nurses promote the interaction to be good between her/him and the patient? Does it require certain factors to be successful? These key components in nursing strengthened the researcher's interest to examine the factors that are important in the interaction between nurse and patient in their first meeting in another culture. This is why the researchers chose to immerse themselves into this at a clinic in South Africa.

Background

Interaction in Nursing

Within nursing theories nursing often describes as an interaction process, which means various aspects of the relationship between nurse and patient. The concept of interaction also used to describe the communication between nurse and patient (Jahren-Kristoffersen, 1997). Interaction is a central part of nursing and it is important that when a nurse is interacting with a patient that the patient is a part of the conversation (Svensk sjuksköterskeförening, 2008). The conversation must be a dialogue in which both parties contribute and are aware of what the other says. It is also important to remember that the patient is not at the same level as the nurse because of the professional language she/he uses. The nurse has studied nursing and she/he has to keep in mind that few of the patients she/he meets that have the same education. The nurse need to be on the same level as the patient when she/he giving the information. If this is not achieved the patient can feel excluded from information from the nurse in the cases where the nurse uses medical terms and the patient does not know the words. For the patient to feel safe the patient has the right to obtain adequate information through proper communication (Svensk sjuksköterskeförening, 2008).

Interaction between nurse and patient is important and a key part of nursing (Våga, Moland, Evjen-Olsen, Leshabari & Blystad, 2012). There is a shortage of all health professionals in the sub-Saharan Africa. This means that nurses often are the core of the care, but the quality of the care they provide can sometimes be questionable. It has been reported that due to the lack of staff the nurses don’t always have the medical and task-approach knowledge that is needed and the care deteriorates. But the authors, however, points out that when the basis of social, historical and cultural aspects prevails there seems to be a good interaction between nurse and patient and a good care is achieved. In a study where the interaction between a nurse and women with HIV was studied it is found that the women experience good interaction with the nurse. The enrollment was an important meeting because the women also received counseling and the collaboration was important. The women however did not dare to question anything at these meetings because the information and counseling is hierarchical and the interaction is there but it is not good. But it turns out that during the second visit it is a home visit, the interaction is entirely different. The women are far more relaxed and the nurse can be more private and help the women both mentally and physically (Våga et al., 2012).

However, an interaction between nurse and patient that includes a relationship based on trust has proven to have positive effects on patient recovery and well-being (Haugan, 2014). It is noteworthy that the interaction may have great significance and meaning for the patient’s level of physical and mental well-being. Knowledge of how nurse-patient interaction and meaning relate to each other is important for researchers, nurses and doctors. The aim need to be a confident, respected and good interaction that allows to give the patient a sense of dignity, self-acceptance and adaptation to the current situation in life. It promotes integrity, well-being and prevents despair, anxiety and meaninglessness (Haugan, 2014).
Interaction theory

The nursing theory that Joyce Travelbees made is an interaction theory (Kirkevold, 2000). This indicates that it is based on the interaction between a nurse and a patient which is a key part in nursing. When it comes to nursing Travelbee considers certain factors to be important. The factors she thinks are important are that nurses must have evidence-based knowledge and that nurses should have a good self-awareness as well. This because the nurse has to use herself/himself as an instrument when being in contact with a patient. Travelbee believes that a nurse who uses their knowledge and personality to help patients to change is a good nurse. The nurse also need to have an understanding about how human actions are affected depending on the situations and earlier life experiences. The key part in the interaction theory is communication. Communication is a process which enables the nurse to create an interpersonal relationship with the patient and only then is the nursing goal achieved (Kirkevold, 2000).

In the caring for a patient the nurse must strive to achieve an interaction between herself and the patient where an interpersonal relationship is built (Travelbee, 2001). This occurs in several phases according to Travelbee, in the first meeting, the emerging of an identity, the feeling of empathy and/or sympathy and in the last phase mutual understanding and connection. In the first meeting a perception and expectation is made by the other individual and it is important that in this phase the nurse sees the picture that characterizes the person and not only sees the patient. There will eventually be growing personalities during the meetings and identities become more distinct. Empathy is based on the will to understand and the ability for a nurse to put herself in the patient’s shoes. Compassion or sympathy for a person suffering and a will to relieve the suffering come next. Together these make a closer and mutual relationship where the nurse and the patient share experiences, thoughts, feelings and attitudes. The relationship is important to the continued nursing care and is crucial for how good the care for the patient becomes (Travelbee, 2001).

The most important concept in Travelbees interaction theory is the human as an individual, human relations, communication, suffering and meaning (Travelbee, 2001). Suffering is seen as a universal human experience that can’t be avoided because every human has suffered in one way or another. The nurse has to talk to the patient and hear what the patient has to say about his/her illness in order to understand how the patient experiences his/her illness and suffering because illness is individual. The interpersonal relationship can according to Travelbee only exist between concrete persons and not in a patient and nurse role (Travelbee, 2001).

Communication

Another important factor when it comes to nursing is communication. Communication is essential for a good interaction. This includes both verbal and non-verbal communication. Verbal communication refers to the usage of language in both oral and written form. Nonverbal communication refers to facial expressions, eye contact, body movements, gestures, posture, physical contact and vocal pitch (Jahren-Kristoffersen, 1997).

Communication of all sorts occur from a mental, physical, social and cultural perspective. The physical perspective depends on place, time and external events and the physiological perspective includes thoughts, feelings, experiences, stress and the defense mechanisms. The social perspective is about identity, relationships, control and the roles. The cultural perspective depends on common values, attitudes, worldviews and languages (Forchuk, Sieloff-Evans & O’Connor, 1995).

It is necessary for the nurse to be self-critical in her attitude and behavior to make the patient feel like there is a harmony between the nurses verbal and nonverbal communication. Then the patients describes the care as genuine, warm and empathetic. They trust nurses who could express empathy. The nurses shows sympathy both verbally and nonverbally which made the patient understand that they share their despair. They feel like the nurses care about their wellbeing and the experience of the healthcare have an impact both physically and mentally. The nurse’s sympathy and support help the patients to manage the situation better. The patients feel that it is by great importance that nurses talks to them in a personal way (McCabe, 2004).
Communication is a key element in the interaction between patient and nurse (O'Hagan et al., 2014). Four themes are relevant to the interaction between nurse and patient. The first is approach and is described as the nurse’s ability to see and be aware of the needs of the patient. The second theme is the nurse’s commitment and attention to the patient, taking the time to sit down with the patient and actively listen is valuable. Technique for the good communication also plays an important role, the nurse explains the information and verify that the patient understands. The last theme is about how the nurse communicates both verbal and nonverbal and what stance the nurse has (O'Hagan et al., 2014).

**Person-centered care**

Person-centered care is a term which is about seeing a patient through his symptoms, illness, age and behavior (Edvardsson, 2010). It is important that the nurse puts the patient at him/her center of attention and that the nurse tries to understand the patient’s situation by seeing the world from his/her perspective. This makes it easier to understand the patient. Good knowledge and respect for the patient’s needs, experiences, interpretations, strategies and his will is vital for good nursing. The main focus is to involve the patient in all the aspects of the care plan to make the patient involved so that the patient can influence the plan and feel safe (Edvardsson, 2010).

Empowerment is well linked to person-centered care and it is about getting the patient involved in their own care through good communication and respect for the patient’s personal values and preferences (Zoffmann et al., 2015). To get the patient involved in the care, the nurse use motivational interviewing, educating the patient in their illness and guide the patient to self-determination. Motivational interviewing is about getting the patient to take hold of the situation and solve problems, to become independent and to adapt to the new changes that the disease entailed. The motivational interviews should be reflective, confirmatory and have open questions. The goal is to provide support and knowledge about the disease for the patient to get a personal understanding of the disease or situation. What you want to achieve is that the patient can live a normal life despite the disease or after a change in life. It is about supporting and guiding the patient to liability for self-treatment and be able to manage everyday life. As a nurse, you must be an active listener and have an empathetic approach. Problem solving is done through reflection and active listening where the result is increased knowledge and motivation of the patient’s new situation (Zoffmann et al., 2015).

Furthermore person-centered care can be classified into five areas according Kitwood model (Clissett, Porock, Harwood & Gladman, 2013). These five areas should be a framework for how the care should be provided. The first area involves extension and describes the importance of meaningful relationship between nurse and patient, and that it is characterized by warmth and trust. The other area is about patient involvement in their care, finding all opportunities for participation so that the patient is involved in major decisions. The third area is about protecting the identity of the patient. The fourth area is about making the patient active in the care. It is important that the patient gets involved and that the patient have a responsibility for the self-care. The fifth and the last area is about patient safety and security (Clissett et al. 2013).

Morgan and Yoder (2012) describe that person-centered care means that the focus should be on patient needs and preferences. The authors have identified seven key areas for person-centered care and that also means that a good interaction can take place. The first identified area is to show respect for the patient’s values, preferences and expressed needs. The second is to coordinate and integrate care so that patients do not fall through the cracks. The third area means that the nurse need to communicate at the right level with the patient and provide the patient with adequate information and education about what is relevant to him/her. The fourth area is about protecting the identity of the patient. The fifth area means that the patient will receive the emotional support of her fear, worry and anxiety. The sixth area is to involve the patient’s friends and family to the extent that the patient agrees. The last area is about continuity. The keywords in person-centered care are holistic, individual, respect and self-determination. These guidelines should be well known by health professionals and organizations (Morgan & Yoder, 2012).

Also respect and equality are two key concepts in person-centered care, and it must be based on the patient’s experience, values and needs. Thórarinsdóttir & Kristjánsson (2013) describes the person-centered care in three phases. The first phase is about the importance to create a relationship. This means that it is of great importance that the interaction that occurs between nurse and patient is warm.
and trusting. A welcoming environment and a good attitude in which the nurse demonstrates the interest in the patient is important at this stage. The patient should feel equal as human being and treated with respect. In the second phase, it is important to provide the patient with adequate information and that the patient can describe their experiences and needs. Patients should feel safe in the conversation and the care offered and the nurse should provide the information and knowledge that are necessary and tailor-made for the patient. There should be a dialogue between nurse and patient. The last phase involves the treatment and action, and here it is important that it reflects the confidence and acceptance. It is about that the nurses have to gain confidence so that the patient can come to an acceptance of their situation and feel confident to receive the offered treatment. Patients should also be aware that they can take charge of their situation and gain control over the care, this requires a common decision between the nurse and patient. The first meeting is of great importance and often reflects how following phases will continue. Interaction between nurse and patient is important in the first phase when a trusting relationship should be created, however, the interaction is important in the other phases as well (Thórarinsdóttir & Kristjánsson, 2013).

Nursing in South Africa
The population of South Africa counts to roughly about 52.7 million people (WHO, 2013). The government of South Africa developed international health goals in their national strategies and plans. The main way to achieve these objectives is to introduce a national health insurance so that the people of South Africa are provided with fair, just and proficient health care. This will also reduce the gaps of inequalities that the country suffers from today. The two main diseases in South Africa are HIV and tuberculosis. There are approximately 5.5 million people suffering from HIV in South Africa. The government has in recent years invested in health care programs as means of HIV prevention, treatment, care and support which has produced results in the form of the disease has slightly decreased (WHO, 2013).

Poverty is common in South Africa, mainly in the rural areas. Even though South Africa is considered to be a country with better conditions in Africa. It has emerged that patients that are living in rural areas generally experience that it is a barrier to reach medical care. The barriers was identified as transport to the clinic/hospitals, the queues and the attitudes of the healthcare workers. The study shows that there are an association between the lack of incomes and disability. The result of this is that patients who have lack of incomes and disability don’t have the same availability to healthcare as patients who have a higher income and don’t have a disability (Moodley & Ross, 2015).

There are different types of nurses in South Africa, depending for how long they have studied. To become a professional nurse, the education is for four years and gives a professional degree and a registration. A three year education leads to a registered staff nurse and a diploma. There are also auxiliary nurses, to become an auxiliary nurse you have to study for one year and then you get a certificate (Department of health, 2013).

Nursing in South Africa is based on ethical guidelines which consist of seven principles, which are: truthfulness, charity, social justice, loyalty, altruism, autonomy and care (South African Nursing Council, 2013). The nurses are working to protect, promote and restore the health of patients and to prevent illness, maintain life and alleviate suffering. The nurses also have a responsibility to respect human rights regardless of culture, age, life choices, color, disability, sexual orientation, social status, nationality and so on. Some of the ethical principles are covered in the nurse code which indicates that the nurse is expected to act fair and she should be able to give a motive for the actions and choices she makes. The patient’s should always be treated with kindness and the nurse should always be truthful and make the best choices for every patient. Another important part is the patient’s independence, the nurse need to respect the integrity and the autonomy of the patient (South African Nursing Council, 2013).

To summarize, the key of interaction is communication and relation. It is important that the nurse takes the time to build this kind of relation. It is important that the nursing is based on person-centered care. This means that the nurse should put the patient in her center of attention, involve the patient in her care and build a relation with warmth and trust. With Travelbees interaction theory (2001) as a framework and the person-centered care, where relation and communication is central parts, the goal of good health care can be achieved (Kirkevold, 2000 & Edvardsson, 2010).
**Aim**
To describe factors of significance for a good interaction between nurse and patient in their first meeting at a clinic in South Africa.

**Method**
This study is a minor field study (MFS) where nursing students at Jönköping University received a scholarship funded by SIDA (Swedish for International Development Cooperation Agency), which makes it possible to travel abroad to gather data and acquire knowledge about current issues in another country (Universitet och högskolerådet, 2012). The study was conducted at a small clinic in rural South Africa in the autumn of 2015. The researchers have studied the interaction between nurse and patient, which factors of significance for a good interaction, and participating observations has been used to do so.

**Design**
A participant observation study about the interaction between nurse and patient in their first meeting was conducted at a clinic in South Africa. This study was an empirical study with a qualitative design (Patel & Davidsson, 2011). A qualitative research involves interpreting and understanding the results that are generated from the study and to describe and provide greater understanding of a phenomenon. Participant observation can provide valuable information and give a better understanding about the things that would be told (Patel & Davidsson, 2011). Observations are used to analyze peoples’ everyday situation at work, in its so called natural environment. Including behavior in the observation comprises people’s behavior, verbal statements and gestures. Unstructured observations were conducted where the researchers noted the events that were of interest to the study. Field notes are the most common way to do this (Patel & Davidsson, 2011). In the analysis a qualitative inductive content analysis was used (Lundman & Hällgren-Graneheim, 2008).

**Selection**
The clinic was chosen by the principal at the College of nursing in South Africa with which the researchers had cooperated. The manager of the clinic was informed about the study and she approved the study and she was willing to accept us at the clinic among patients and staff members.

After the manager had informed all the nurses at the clinic there were a total of 15 professional nurses who approved to participate in this study. The nurses worked in different wards of the clinic. The nurses were of age around 25-60 years old, and 13 female and 2 male nurses participated.

**Setting**
South Africa has eleven official languages. At the clinic the common language was either English or SiSwati (Höglund, 2011). The clinic is open for patients 24 hours daily, Monday to Sunday. The clinic has different wards. At the treatment room the nurses examine the vital signs, weight, blood sampling and blood sugar. Acutely ill patients also came there. There are also counselling rooms where they followed up the patients that had diabetic and heart disease, etc. There is also a room for psychiatric patients who needed to talk or get emergency care. The children’s department takes care of children from 6 months to five year olds. Here the nurses give the children vaccinations, and monitor the weight and length. Delivery are combined with maternal care where both expectant mothers were examined during pregnancy and new moms stayed with their baby after the delivery for some hours before going home.

The clinic was decorated with light green colour on the walls and blue floors. It was a good atmosphere and you felt like you are one of them, they behaved like they were a big family. Both staff and patients had fun together and were talking and helping each other. Usually before the workday began the staff would pray and sing together with the patients.

**Data collection**
The researchers made a participant observation where they were known to the people involved. But the researchers were neutral and did not belong to any group among those who participated in the study, which is important for the results credibility of the results (Patel & Davidsson, 2011). The observations were made directly when the nurses were in an interaction to the patient, around 2-15
minutes at each observation moment. Some days were more hectic and more observations were made, but on average 8-10 observations were made daily, giving a total amount of approximately 160-200 observations during the four weeks.

The field notes included how the surroundings and the environment looked, how the people behaved, acted, some situations and quotes, how the daily routines were, date and which ward the researchers were for the day. However, the researchers focus was on the factors that seemed to be significant for the interaction between nurse and patient in their first meeting. Taking field notes immediately or later in the observations have different advantages and disadvantages. The researchers in this study took the field notes in connection to the situation. In that way it was less likely that the details would be forgotten (Mulhall, 2003).

The researchers were present and did the observations during daytime from 07 am to 1 or 2 pm, Monday to Friday, depending how busy it was at the clinic. The researcher did observations during four weeks with start in August 2015.

**Ethical considerations**

The researchers were accepted by School of Health Sciences in Jönköping, Sweden, to complete the study. The information was given to the clinic manager about the studies design, and what the researchers wanted to get out of the study. The clinic manager approved the study and its contents with the purpose, method and implementation and that she was willing to accept us at the clinic among patients and staff members.

A written presentation was given at the first day as a simple overview and presentation of the researchers and the study. Details were given to the clinic manager so that she could reach the researchers if necessary. The clinic manager presented the researchers to the rest of the workforce and they were given information about the study and the purpose of it and that it would be a bachelor’s thesis. The nurses at the clinic was repeatedly informed about the purpose of the study and why the researchers were present at the clinic during these four weeks.

The field notes did not include any names, all the participants were anonymous and in the reporting of the study. All data that was collected during the observations was stored out of reach of unauthorized persons. Everything was written in Swedish, which made it even more unclear to an outside reader (Medicinska forskningsrådet, 2003).

**Analysis**

Content analysis is used to process written down materials and the method is useful for interpreting different texts. The advantage of qualitative content analysis is that the method is adaptable to different datasets, the quality and experience of the researcher (Lundman & Häggren-Graneheim, 2008).

First the researchers wrote down the field notes after each workday’s observation, in which both researchers wrote separately. All of the observations and all the material from the two researchers were written down together into a large text material. Then all the material was read through several times so that the field notes could be sorted out, because some of the comments were written by both researchers. The big assembled text material was read superficially several times just for the understanding of the text. This was done separately by the researchers just to minimize the risk of interacting each other. The next step was to organize the text material; the material were divided into several categories that were based on various meanings in the text that the researchers had put as a code. The different codes with the same meaning and content created the categories. Another deep reading was made and the discovery of common content was done separately once again. When the categories were created the material was read through once again to make sure that the categories were legit. The notes that later became the material has been analyzed systematically from Lundman & Häggren-Granehims’ (2008) description of the qualitative content analysis. The main categories are Relationship, Communication and Healthcare environment. The subcategories to Relationship are: Approach and Consolation. The subcategories to Communication are: Verbal communication and Non-verbal communication. The subcategories to Healthcare environment are: Integrity or not.
The first category Relationship focuses on factors that are important for the building of a relationship like: Approach and Consolation. How the patient is approached and if the patient get any kind of consolation is of value for a meaningful relationship to be built. The second category describes Communication as both Verbal and Nonverbal communication. While the third category of Healthcare environment focused on where the meeting takes place, how it looked around the patient and if Integrity could be maintained or not.
Findings

It emerged that Relationship, Communication and Healthcare environment are factors that indicate if the interaction becomes good or not. Approach and Consolation are central parts and have importance when building relationships. The relationship depends on how the patient is approached and if the patient gets any kind of consolation. The subcategories describes the factors that needs to create a relation. Communication is another significant factor that contribute to a good interaction. The subcategories to Communication are presented as Verbal communication and Nonverbal communication. At the clinic the nurses have different ways to handle the environment in the patient meetings, some nurses care that patient privacy can be protected and other nurses meet patients public. It appeared that the interaction was affected by where the meeting occurred and by how many people that was involved. Therefore the Healthcare environment category, because it seems that how the environment around the patient is affects the interaction between nurse and patient. If the patients integrity can be maintained or not is dependent on the environment. In the situations where the patient’s integrity cannot be maintained, there was a lack of interaction.

Relationship

The nurses at the clinic have different ways to interact with their patients. Most of the nurses put value to the patients and have her/his center of attention to the patients in form of an alliance, whilst other nurses don’t care to bind an alliance as much.

In order to build a relationship between nurse and patient it requires different factors. Factors that seems to be of significance for the building of a relationship between the nurse at the clinic and the patient is how the patient is approached and if the patient gets any kind of consolation. This is described in the subcategories: Approach and Consolation. The relationship between nurse and patient must be built on trust and understanding, to get there it has to be a respectful approach and, if needed, some kind of consolation in the meeting.

In meetings where the patient is the main focus the nurses often turns to the patient and ask about their wellbeing and she/he takes time and listen to the patients story. It seems that some of the nurses try to create a relationship with the patient before the examination or sampling. It is noticeable that when a nurse is showing an interest in the patient and trying to create a relationship the patient become calm. In the situations where this is not achieved it appears that some of the patients become worried and sad but seem afraid of mentioning it to the nurse. Approach was a factor that contributed to strengthen the relationship and the patient would get confidence to the nurse. Another factor for the relationship to become good was to show empathy and consolation and it was strengthened by physical contact.

Approach

The nurses approach patients differently. Some of the nurses approach patients with a warm welcoming and good connection whilst other nurses don’t have the same connection to the patient. It seems like a warm welcoming from the nurse gives the impression of a more relaxed situation. And this relaxed situation seemed to make the patients more comfortable to open up about their situation. In these meetings the nurse and patient seems to have fun together. They laugh, make jokes and they appear to connect.

Some of the nurse are skilled at building trust through good approach where they work methodically, show respect for the patients’ needs and explain everything he/she does to the patient. Some of the nurses take the patient and the patients concerns seriously and ask what the patient wants help with. Some of the nurses don’t greet the patient and sometimes they don’t say goodbye to the patient. The patient then has to take initiative and ask if he/she is done for the day. Regardless of how the nurses approach the patients it seems like that the patients respect the nurses.

Consolation

Some of the nurses use physical contact to console and calm patients, for example give them a hug or a pat on the cheek. Neither the nurses nor the patients appear uncomfortable of closeness. Touch seems to have a positive effect on patient’s anxiety. Whether the patient is an adult or a child some of the nurses use closeness and touch in the meetings or examinations. Some of the nurses have a good hand with children who are sad. They talk, hug and play with the children until they become happier and
stop crying. Some nurses always do some kind of touch on the patients to console them. In some situations the patient look nervous, stressed and scared, and it occurs that some nurses don't care about it or try to console the patient. In these occasions she/he just perform her/his duties and then let the patient go home. These situations seems that the nurse did not care about the relation to the patient. It seems like the nurses who comfort their patients have a good and trusted relationship with the patient, whilst the nurses who don’t care about comfort their patients don’t have the same kind of relationship to their patients.

**Communication**
The nurses used different ways to communicate with their patients. Depending on which nurse or situation the communication is perceived to be good or less good. The communication between nurse and patient is built on trust and understanding, where the nurse spent her attention to the patient and the communication is a dialogue in which both parties participate. The communication is both verbal and non-verbal.

**Verbal communication**
The nurses often talk with the patient in a calm, clear tone and ask the patient if he/she understands. It appears that some of the nurses meet the patient at his/her level so he/she understands and the contact between them is good. The dialogue seems to be better in the situations where the nurse is alone with the patient, but it seems like when there are more nurses in the same room the dialogue with a patient loss in quality. This may be because the dialogue between a nurse and patient is frequently interrupted by the other nurses. Sometimes the nurses start talking to each other instead of making a dialogue with the patient. Patients appear to have a great respect for nurses so it is unusual that patients ask questions or question the nurse.

Counselling can occur in a group of patients. In these groups the nurses teach the patients about pregnancy, HIV or diet. When the nurse gives information and counselling in a group of patients the communication occurs in form of a lecture, and the patients are rarely given an opportunity to ask questions. At lectures there are no dialogues.

It happens that the patient don’t get informed about the samples that are taken or the results from it. One example of this is that a nurse sampled a blood test at the same time she was on the phone with a friend. She didn’t say anything to the patient she just waved her arms at him/her.

**Nonverbal communication**
When the nurses give information and counseling they also may communicate nonverbally by showing pictures. While some of the nurses are talking and explaining she/he may show the patient a brochure, a development curve or how an examination are done. Patients receives brochures that they can take home so they can read them by themselves.

Some of the nurses use body language in their communication with patients. They use gestures to explain what they mean. These gestures can show things such as how a child should eat or how to take medicine. It seems that patients understand more easily when the nurse is gesturing because patients often nod their heads.

Non-verbal communication is mostly used when there are more patients and nurses in the same room. These situations often consists of gestures to demonstrate information and how examinations is done. Some nurses sighs and use hand gestures if the patient does not understand, which seems to be a rejection of the patient.

**Healthcare environment**
The Healthcare Environment around the patient is important to how the interaction between nurse and patient will be formed. Some of the nurses at the clinic make sure that the healthcare environment creates integrity for the patient, whilst some nurses don’t. The healthcare environment perceived to be an important factor for the meeting to become trustingly and safe for patients. Therefore, it should create conditions for a good interaction. Related subcategory is presented below as Integrity or not. The healthcare environment is perceived as more calm and safe for patients when the integrity is protected. The patient seems more comfortable in the situation when there are less people in the room.
Some nurses seem to have healthcare environment in mind when meeting a patient. For example how it looks around them and how many people are in the room at the same time, while other nurses don’t think about this. Some nurses take one patient at a time, but usually there are more nurses and more patients in the same room. This also depends on why the patient come to the clinic and what the patient need help with. In the counseling rooms it is usually more patients at the same time because the nurse give advice and information to all of the patients simultaneously.

It is usual that care and treatment is done simultaneously with other patients in the same room. How the meeting and interaction between nurse and patient becomes appear to depend on how many people that are involved. In the situations where the nurse take one patient at the time the meeting seems to become good and a dialogue can be held, which promotes the interaction. This way the patient receive individually and confidential care. In other situations when there are more patients and nurses in the same room at the same time the meeting seems to be different. These meetings becomes public because everyone in the room can hear what the patient and the nurse talk about. The patients may be uncomfortable to ask individual questions because everyone can hear what he/she talks about. This way the meeting will not be based on person-centered care and won’t promote the interaction.

**Integrity or not**

The nurses have different ways of managing the environment around the patients at the various patient visits. Some of the nurses keep the patients integrity by pulling a curtain down or close the door during examination. It seems like that the nurses who works this way do it in order to preserve confidentiality, has respect for the patient, and the integrity can be preserved.

It is rare for some of the nurses to bring in only one patient at the time though. Most of the time there are several patients in the same room where everyone can hear what’s being said or see what kind of examinations each and every patient have to go through. The nurses can sometimes talk to each other about the patients. During examinations patients may have to get undressed even if there are several other patients in the same room. They get one sheet to cover up. The patients may have to sit on the bed naked and wait while the nurse walks to the other side of the room to do something else. The nurse can shout through the room just to ask the patient about the record or information and all the other patients in the room can hear her. The nurse can bring in a new patient before the one she had before even got the clothes on. In these situations the patients integrity can’t be maintained, and it seems like that it is not a unique meeting where a good interaction can be created.
Discussion

Method discussion

When conducting a qualitative study, credibility and trustworthiness is used to determine how reliable the study is. To believe that the study is credible, all data must be truthful and that the researchers had an accurate view of the participants (Cope, 2014). Since the observations were made by two researchers, we compared the notes to see if we had perceived the same. That could be seen as a safety factor. Another part of the study’s credibility is that researchers explain all aspects of the research process which is explained in the method section of the study. Confirmability has been demonstrated by that the results have been taken directly from the observations and the field notes. The field notes were taken in direct connection with what was said or how the participants behaved. The researchers only wrote down what happened in the immediate moment.

The credibility of the study is reliable considering that the researchers have been producing relevant data that responded to the study’s aim. The researchers believe that the study has trustworthiness because the researchers read separately at first, then read together and found meaningful context in the text. The researchers constantly compared the findings of the observations to the aim of the study so that it would match. The researchers removed all data that wasn’t relevant to the study (Parahoo, 2014). When doing a participant observation it could be a risk that the researchers make their own subjective interpretation. But with this in mind the researchers tried to have an opened mind and did the observations and analysis objectively.

The common languages at the clinic was English and SiSwati. The researchers learned some easy phrases like good morning, how are you, and thank you in SiSwati. The researchers may not understand a whole conversation between nurse and patient in their meeting and dialogue so they would have to ask the nurse what have been said if they didn’t spoke English. That could have an effect on the trustworthiness of the result because the nurse could have explained her perspective of the meeting and dialogue.

This is a participant observation study with a qualitative design. A participant observation made it possible for the researchers to study the interaction between the nurse and patient in their natural environment (Parahoo, 2014). The observations were not structured, this in order to include everything that was of interest to study. In this way the researchers did not emanated from a special observation schedule and got a better chance of getting the factors that might otherwise have been excluded (Patel & Davidsson, 2011). In the qualitative study it examines how social influences affect individual behavior. The same comes to the nurse’s work, to get an overall picture around the patient regarding home environment, relationships and not focus only on the medical (Parahoo, 2014).

At first it was hard to fit into the group. The nurses at the clinic was curious about the researchers and the fact that we were from a different culture, country and with different healthcare, etc. Therefore it would have been more appropriate to spend the first few days to adapt to the new environment and not take field notes the first few days. Knowing the new environment is important, both for the researchers but also for the participants. But it didn’t take many days for the researchers to become one of the gang and the nurses were more than happy to invite the researchers in and make the researchers to feel welcome. One critical part in participating observations is that the observed may feel disturbed by being watched, which could affect the behavior and that it didn't become natural. This usually happens at the beginning of the study. The observed don’t normally change their behavior for a long period of time. After a while the observers get more unseen (Parahoo, 2014).

At the clinic it was accepted for the observer to take field notes as the participated observation occurs, but the risk would be that the participants at some points disagree, in this study they didn’t. Another way was to write down some simple notes just to remember, and then later in a private area more clearly write down the observation, which might would affect the participant less (Mulhall, 2003).

The aim of the study was to describe factors of significance for a good interaction between nurse and patient. This means that we involved patients in our participating observations. Ethics is something that the researchers had in mind while the study was conducted. The researchers informed the manager of the clinic with both verbal and written information on what the study was about, what it would be used for and that all people involved will remain anonymous. The manager approved and
agreed that we would carry out the study at the clinic. She would then inform all employees about this so that everyone understood why we were there and exactly what we would do. During the weeks the researchers spent at the clinic some of the nurses asked why we were there and what we were doing. Of course we informed the nurses again why we were there and what the purpose of the study was. The nurses seemed to accept this and did not think that it was a difficult situation. The researchers did everything they could in terms of ethics and was always honest about why they were there but it did not feel right when not everyone understood why the researchers were present.

The researchers were supposed to be at the clinic for five weeks, but in the end of the fourth week the researchers felt they had enough data, and used the last week for analysis. All the material was read through several times so that the field notes could be sorted out. The big assembled text material was read superficially several times just for the understanding of the text. Then a deeper reading through began to discover the meaning of the text. At the beginning it was difficult for the researchers to divide the field notes into adequate categories and what was essential to include on what affected the meeting. But after a while when the text was organized it’s divided into several categories that were based on various meanings in the text that the researchers had put as a code. The different codes with the same meaning and content created the categories. The researchers found out that some categories had similar content and some could put together and create main category which represented factors that was relevant for the interaction.

**Findings discussion**

The researchers result shows that the nurses had different ways of creating a relationship with the patient. When the nurse put the patient in the center of her/his attention the interaction became good and the communication could be a dialogue where the nurse saw the patient’s needs. The interaction seem to work as its best when the communication took place in a calmer atmosphere where the patient and nurse could talk without anyone interrupting. A warm welcoming was important for the situation to be relaxed and that the patient would feel comfortable. The patients have respect and seem to be grateful regardless of the approach they got from the nurse. In some situations the nurse consoles the patient with physical touch as a hug or a pat, which made the patient feel more comfortable. The number of patients and nurses in the same room were important if the interaction would be good or less good. It was seen that when the nurse took one patient at a time the communication and interaction became good. The nurses worked differently to the patient’s integrity, some of them were certain about to protect the privacy and some ask private things in front of other patients.

The aim of the study was to examine the factors of significance for a good interaction between nurse and patient in the first meeting, and the result shows that interaction between nurse and patient is different, depending on the nurse approach as well as in the healthcare environment. On the occasions where the researchers believe that interaction is good is when the nurse and the patient has a dialogue, a relationship are created and also that it takes place in privacy.

**Relationship**

To create a relationship with the patients was important before an examination. This because the patients would then feel confident and safe with the nurse and not feeling anxious or worried. It is important for the nurse to put the patient at her/his center of attention and to build an alliance with the patient. The building of relation seemed to be an important factor for the integrity would be able to take place. There were occasions where there was no relationship between the nurse and the patient, which did not create conditions for an adequate contact. In other words, it did not occur a good interaction according to Travelbee, when the central parts are relationship and communication. Travelbee’s interaction theory (2001) represents a large part of nursing where the nurse should have a good picture of patient’s experiences and feelings in order to provide a good care (Kirkevold, 2000). Her interaction theory holds that the nurse should use herself as an instrument when she meets the patient. This is done through communication that aims to build a relationship between the parties. The relationship should be equal and develop through different stages which included, among other things, a first meeting where a mutual understanding and ultimately leads to a working contact between both parties (Travelbee, 2001). For an interaction to be good, relation and environment are key factors. To create a relationship, it takes communication, good approach and comfort. The relation strengthened if the nurses spend some time to sit down and listened to the patient’s needs. One of the most important part for some of the nurses was to get a good and meaningful relationship with the patient. When a good alliance between nurse and patient occurred the meeting and care became good. This,
like Haugan (2014) describes, emphasizes that it is essential to have a good relationship to the patient because it gives a good effect on patient recovery and wellbeing. The researchers agree that both staff and patients acted in general like they enjoyed each other, smiling and laughing together. A warm welcoming was an important factor for the interaction to be good, and some nurses always approach the patient like this. Furthermore the nurse and the patient at the clinic had a mutual respect for each other but the patients may looked up to the nurses because they seemed to have a good status in the society. Good status could in other words mean that it was a hierarchical position in the care which may be a contributing factor why patients did not questioning the nurse about anything about the treatment (Våga et al., 2012). Some of the nurses seemed to have a nonchalant approach to the patients, which the researchers perceived like they only wanted to do their duties and did not care as much about the patient. But like Våga et al. (2012) describes that nurses in South Africa often are the core of the care, but the quality of the care they provide can sometimes be questionable. It has been reported that due to the lack of staff the nurses don’t always have the medical and task-approach knowledge that is needed and the care deteriorates. But the authors however points out that when the basis of social, historical and cultural aspects prevails there seems to be a good interaction between nurse and patient and a good care is achieved (Våga et al., 2012). The researchers has taken note of the physical touch in the consolation, when the nurse put a hand on the shoulder or knee at the patient in a gesture to show understanding or supporting but also to remove some anxiety for the patient. The physical touch was used often and it seemed to be appreciate by the patients. The patients were in these situations calm and dared to talk about things they did not understand. This could be according to a study, examine physical contact in nursing emerged that physical contact promotes strengthening the capacity to manage a disease. It is also a way for nurses to convey an empathic understanding of the patients’ problems, pain or emotions. The physical touch did also promote the comfort for the patient (Chang, 2001).

**Communication**

The researcher’s results show that the interaction existed between nurse and patient in those situations where the meeting consisted of communication in the form of dialogue, and where the nurse completely focused on the patient. If the nurse had made the patient more involved in the care it may had better outcomes, like more compliance and satisfaction. In the result the researchers noticed that the nurse didn’t always tell the patient about the result from samples etc. It could been seen like a lack in information giving and she didn’t have the patient involved. In the person-centered communication she should have explained the care plan, listening and respected the patient which they often did, but it was depending on which nurse that was working. In accordance with O’Hagan et al (2014) describing that communication is key for interaction between nurse and patient. The researchers did notice some lack in the interaction in the first meeting, as Hartley & Repede (2011) are writing is the information in the communication invaluable. A person-centered care and communication makes the patient better understanding of their own situation, they trusted the nurse, gave them more satisfaction, increased compliance with the treatment and better treatment results. A problem that can occur is that the nurse do not have adequate knowledge about the patient's problems, they do not know how to communicate, or there is a lack of time (Hartley & Repede, 2011). This could be related in that way if the patients got more involving in the care, more information then maybe they would appear to feel more satisfaction and get better understanding for their own care. Some nurses were certain about to speak with the patient individually so that the nurse could fully focus on the patient’s story. The communication seemed to be confirmative in the way that the patient seemed calm and satisfied after the meeting. This was often achieved when the nurse and patient were not interrupted by other patients or nurses and that the nurse could focus on the patient and his/her needs. It fits with Zoffmann et al. (2015) says that as a nurse, you must be an active listener and have an empathetic approach and when this was done, the outcomes was a patient that seemed to be satisfied in the way they looked, they smiled and joked together with the nurse. Patients understood the information given better when the nurse complete it with gestures. When the nurse’s facial expressions and voice was calm the patients also acted calm and could relax. The information was easier to receive when the gestures was combine with a picture or a brochure (Jahren-Kristoffersen, 1997). When the nurse showed empathy and an opened mind through her/his non-verbal language in form of relaxed body, eye contact which confirming the patient, the patients appear to be more satisfied with the care. It could be smiling and laughing to each other. This in relation to McCabe (2004) which mention the importance of the both non-verbal and verbal communication. If this is performed correctly it shows the patient that the nurse cares about her/him and that she/he wants to help.
**Healthcare Environment**

The nurses had different ways to create a good healthcare environment. There were nurses who thought about patient privacy. Other nurses could treat or examine more patients in the same room where integrity could not be maintained and where almost no communication with the patients occurred. But regardless of this dissimilarity how nurses interacted with the patient, it seemed that patients still experienced great confidence in the nurse and was extremely grateful. Edvardsson (2010) describes that for an interaction to occur the person-centered care must involve creation of conditions and to create an environment that allows it. The Healthcare environment made it difficult or impossible for patients to maintain their integrity. And the nurses didn’t always work person-centered. The interaction wasn’t always successful and contributing reasons could be that it was many nurses and patients in the same room, and it also difficulty the communication due the high noise level. This kind of healthcare environment makes it hard or even impossible to maintain integrity for the patients when the nurses don’t have full attention on the patients. This led to confusion among the patients when they didn’t know where to go or to which nurse. Like Clissett et al. (2013) describes, person-centered care can be classified into five areas and one of these area is about the importance to protecting the identity of the patient.

Although they had guidelines at the clinic, (South African Nursing Council, 2013) the researchers understood that there were weaknesses in the compliance. If the nurse would had more time with the patient and applied even more person-centered care, the meeting and interaction might have been better in the first meeting. Disturbing things may have been a contributing factor as it was a lot of patients at the same time in the treatment room which also made it difficult for nurses to ensure patients their integrity. But all this is perhaps because of another culture. The researchers got the view that most of the indivial in the study may not have the same opinion related to the integrity. The patients all seemed to like to interact in groups and they were all very social, therefore it could be a culture aspect that they didn’t care as much as the researcher had imagined. It would be of interest to examine why certain guidelines were not followed, if it had to do with culture or other causes. The guidelines were clear and visible in the clinic that both nurses and patients could receive.
Conclusion
In order to get a good first meeting with the patient it is required that the nurse is engaged, is an active listener and puts the patient in the center of her attention. The relationship between nurse and patient must be built on trust and understanding, to get there communication, approach and consolation is three important factors. It should be considered that disturbing things should be removed to promote interaction but also to protect the integrity and privacy. Many patients in the same room at the same time is not optimal for the nurse to exercise person-centered care, the availability of privacy was limited because the clinic was very small to the large number of patients every day.

Clinical implications
The researchers in this study want to inform about the importance of person-centered care, it is the nurse’s responsibility to get the patient comfortable in the first meeting. It requires a warm and open mind, an active listener and to put the patient in focus. With an active listener it also means to listen without any disturbing factor like other patients in the room, or a colleague that interrupts in the conversation.

By observing the nurses work, a quality improvement is performed. By letting the health workers know the results, they become aware of what can be improved but also what they do well. This is important for the patients, so that they could feel that the nursing become safer and that they could feel confident about the care. This would also promote the clinic, though many patients at rural places experience that there is a barrier to reach the care (Moodley & Ross, 2015).

This study shows how the relation and health environment have a great importance for the interaction between a nurse and a patient. It seems like the patients have a great reliance in the nurses and the care that is given even though this study has demonstrated the lack of interaction. An interesting study for the future could be to do a research that analyzes the patients’ experience about the interaction with nurses. This study is conducted in South Africa and we have to keep in mind that interaction can be interpreted differently depending on social, historical and cultural factors.
References


Appendix

This is an information letter about our minor field study that we will perform in your hospital during our visit in South Africa.

We are two students from Health and Science University in Jönköping, Sweden. We are studying to become nurses and we are in our final semester.

This is our bachelor thesis and it is a participant observational study. The purpose of the study is to describe the interaction between nurse and patient in their first meeting.

All people who participate in the study will be anonymous. No names will be mentioned in our study.

We are looking forward to work with you and we are thankful for this opportunity.

Best regards,
Isabell and Ebba